

Arizona Department of Education  
Certificate of Supplemental Instruction  
Pursuant to A.R.S. 15-241 (R)

Use one or multiple forms per student, give a copy to the principal/coordinator and keep a copy.

**STUDENT INFORMATION**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ SAIS# \_\_\_\_\_

Please select which test the student is being tutored:

<b><i>Falls Far Below/Approaches In AIMS</i></b>	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Student is Attending an Underperforming or Failing School per A-F Accountability (D or F)			

***AzMERIT***

<input type="checkbox"/> English Language Arts (ELA)	<input type="checkbox"/> Mathematics
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**RESPONSIBILITIES**

**Skills/Concepts to be studied**

***Check Subject Area(s) To Be Tutored:*** ☐ ELA ☐ Reading ☐ Writing ☐ Mathematics

Most important skill/concept from Arizona Academic Standards to be studied (fill in below)

Example: elements of literature or data analysis, not improve reading/writing/math

Primary Skill/Concept: \_\_\_\_\_

Secondary Skill/Concept (If needed): \_\_\_\_\_

*Parent will agree to release his or her student's test data, if necessary, so that the skill to be studied by the student can be identified. The student will be tutored in the specific subjects and skills that he/she needs. For a high school student who is only eligible because of a failed AIMS test, this means **in the areas where he/she did not pass the AIMS.***

*The student must demonstrate through any oral or written measurement, determined by the tutor, that he/she has learned that concept. "The State Board of Education shall annually review academic performance levels for providers (tutors) certified pursuant to this subsection and may remove a provider at a public hearing from an approved list of providers if that provider fails to meet its stated level of academic improvement."(15-241Q) The Provider shall make no changes in any student's goals without the written consent of the student's parent. If student is disabled, state how the goals fit with the student's individualized education program (IEP) under Section 6 15(d) of the Individuals with Disabilities Education Act.*

**Tutoring Dates**

*Provider and parent/guardian/educational surrogate have set the following dates for tutoring sessions.*

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Number of Sessions \_\_\_\_\_

Time of the sessions \_\_\_\_\_ to \_\_\_\_\_ During Prep Time: ☐ Yes ☐ No

Which days of the week tutoring is to take place

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

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**RESPONSIBILITIES CONTINUED**

**Communication**

*Provider will inform parent/guardian/educational surrogate about the student's progress.*

**Frequency:**      ☐ Weekly      ☐ Monthly      ☐ Other \_\_\_\_\_

**Cancellation of Contract**

- A) *The parent/guardian/educational surrogate or the provider may cancel this agreement if either the student does not attend and participate in sessions as agreed to, or the provider does not provide services as agreed to in the agreement.*
- B) *If a school offers both a State Tutoring Program and permits outside provider(s) on-site, the parent of a participating student must choose **one**: the school's program **or** one of the five approved-providers' programs. If a parent is dissatisfied, he/she can change programs. The new tutor must complete another Certificate of Supplemental Instruction and notify the on-site program coordinator. The new tutor registers as a secondary tutor in order to enter data into the online system.*

**SIGNATURES**

Provider (tutor) and parent hereby certify that we have agreed to the points in this Certificate.

Tutor Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Tutor Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Alternative for Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Initials of District Personnel or lead provider who spoke to parent to verify the agreement \_\_\_\_\_

Principal's Signature Approving Prep Hour Tutoring (If Applicable) \_\_\_\_\_

**Once tutoring is finished:** principal/outside provider's CEO or administrator acknowledges that the identified skill/concept was reasonable and whether the student has shown academic improvement in that skill/concept.

Principal/CEO/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_